12 M Dold areg

Entry Blank—Please Type or Print ☐ Ms./Artist Mr./Artist Sheppe, Walter (last name last) Permanent 77 Fir Hill, #11B8, Address . Daytime Tel. (216) 762-0623 44304 Zip area Temporary or Studio Address Street City Daytime Tel. (Zip area If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entries are not accepted or are not sold: XX Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip **Special Instructions** Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. Signature I have received the unsold/unaccepted object(s) in good condition.

Signature

Entry Blanks

A Painti				phics	Photography		
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Title							
Picnic table, Utah							
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☐ Paintings ☐ Graphics ☐ Photography ☐ Sculpture ☐ Crafts ☐ (specify category)							
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